

(IMPORTANT: Type or print; read instructions before completing form)



**United States
Environmental Protection Agency**

**TOXICS RELEASE INVENTORY
FORM A**

WHERE TO SEND COMPLETED FORMS: 1. TRI Data Processing Center P. O. Box 10163 Fairfax, VA 22038 ATTN: TOXIC CHEMICAL RELEASE INVENTORY	2. APPROPRIATE STATE OFFICE (See instruction in Appendix E)	TRI Facility ID Number
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This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank.	Revision (enter up to two code(s)) <input style="width: 50px; height: 20px;" type="text"/> <input style="width: 50px; height: 20px;" type="text"/>	Withdrawal (enter up to two code(s)) <input style="width: 50px; height: 20px;" type="text"/> <input style="width: 50px; height: 20px;" type="text"/>
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IMPORTANT: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART 1. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR _____

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 2 trade secret? <input type="checkbox"/> Yes (Answer question 2.2; Attach substantiation forms)	2.2 Is this copy <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized (Answer only if "YES" in 2.1)
<input type="checkbox"/> No (Do not answer 2.2; Go to Section 3)	

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that to the best of my knowledge and belief, for each toxic chemical listed in the statement, the annual reportable amount as defined in 40 CFR 372.27 (a), did not exceed 500 pounds for this reporting year and that the chemical was manufactured, processed, or otherwise used in an amount not exceeding 1 million pounds during this reporting year.

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:

SECTION 4. FACILITY IDENTIFICATION

4.1	TRI Facility ID Number	TRI Facility ID Number
Facility or Establishment Name	Facility or Establishment Name or Mailing Address (If different from street address)	
Street	Mailing Address	
City/County/State/Zip Code	City/State/Zip Code	Country (Non-US)

4.2 This report contains information for: (<u>Important</u> : Check c or d if applicable)	c. <input type="checkbox"/> A Federal facility	d. <input type="checkbox"/> GOCO
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4.3 Technical Contact Name	Telephone Number (include area code)
Email Address	

4.4 Public Contact Name	Telephone Number (include area code)
Email Address	

4.5 NAICS Code (s) (6 digits)	Primary	a.	b.	c.	d.	e.	f.
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4.7 Dun & Bradstreet Number (s) (9 digits)	a.	b.
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SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	NA <input type="checkbox"/>	
5.2	Parent Company's Dun & Bradstreet Number	NA <input type="checkbox"/>	

EPA FORM A
PART II. CHEMICAL IDENTIFICATION

TRIFID: _____

Do not use this form for reporting PBT chemicals including Dioxin and Dioxin-like Compounds*

SECTION 1. TOXIC CHEMICAL IDENTITY

Report ___ of ___

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)
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*See the TRI Reporting Forms and Instructions Manual for the list of PBT Chemicals (including Dioxin and Dioxin-like Compounds)